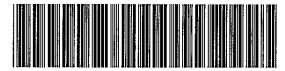
## A0500001513

(Requestor's Name)		
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PICK-UP WAIT MAIL		
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SECRETARY OF STATE
STATE OF STATE
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## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJ	
DOC	UMENT NUMBER: 17 050000 1513
The en	nclosed Statement of Dissociation and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to:
	Jorge Sugez-Munias
	Contact Person)  Calarrosa Family Pantnershy 2129  (Firm/Company)  O75 Happison Devet  (Address)
	075 HARBOR DRIVE
	(Address)  Ley BISCHYNE F 33149  (City, State and Zip Code)
	(City, State and Zip Code)
For fu	rther information concerning this matter, please call:
$\overline{}$	(Name of Contact Person) at (305) 36/-2272 (Area Code and Daytime Telephone Number)
$\mathcal{L}$	
N N	\$52.50 Filing Fee  \$105.00 Filing Fee and Certified Copy.
Regist Divisi	MAILING ADDRESS: ration Section on of Corporations Division of Corporations Division of Corporations P. O. Box 6327

Tallahassee, FL 32314

CR2E118 (01/06)

2661 Executive Center Circle

Tallahassee, FL 32301

## STATEMENT OF DISSOCIATION FOR GENERAL PARTNER OF

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

Pursuant to the provisions of section 620.1605, Florida Statutes, the undersigned general partner hereby dissociates from the following limited partnership or limited liability limited partnership:

1. The name of Limited Partnership or Limited Liability Limited Partnership is:	_
CALAMUSA FAMILY Limited PART	tnership
	/
2. The name of the dissociating general partner is:	
JSM Buiclers Inc	
Comp Fresident JSM Builder	5)
Signature of Dissociating General Partner	
	DIVISION 2006 MAY
Filing Fee: \$52.50	WE TO
Certified Copy (optional): \$52.50	+ 3
	PH S
	FATE
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